

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	17/06/2019 19:32
Date Of Accident	16/06/2019 18:40
Exact Location Of Accident	SLIP ROAD FROM AIRPORT ROAD TOWARDS EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6577H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98443738
Alternative Phone No	OFFICE-98443738

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY MAXI TDI DSG
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994313
Cover Note Number	

### Driver

Name of Driver	LEA BOCK PEOW (LIAO MUBIAO)
NRIC No	S7437731I
Date Of Birth	13/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98443738
Fax Number	
Contact Number	OTHERS-98443738
Email Address	NOEMAIL

Address	BLK 546 HOUGANG STREET 51 #09-204
Postcode	530546
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190617/2017

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5637E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEWIS
NRIC/Passport Number	
Contact Number	90606138
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

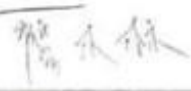
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#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

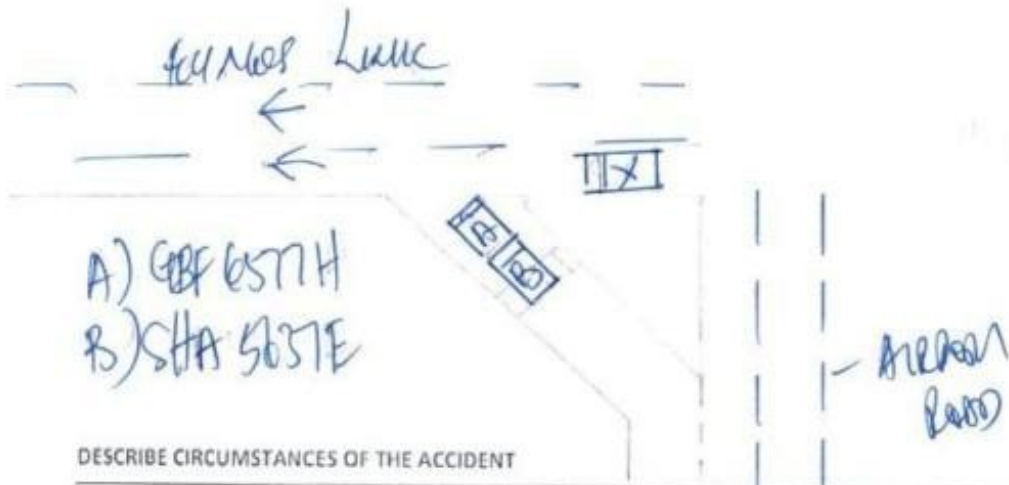
  
Policyholder's Signature  
Date & Time: 

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/06/19 11:20 PM

  
Reporting Centre Personnel's Signature  
Name:   
NIC/FIN No. 

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 7/20190617/2017

## DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/06/2019 11:22 PM

Reporting Centre Personnel's Signature  
Name: Reel  
NRIC/FIN No: 17/06/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190617/2017

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20190617/2017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2019 09:48	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: LEA BOCK PEOW		Address: APT BLK 546 AIRPORT ROAD STREET 51 #09-204 SINGAPORE 530546	
ID Type / ID No.: NRIC NO / S74377311		Contact No.: Home/Office: Mobile: 98443738	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 13/11/1974	Type of Information: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: VAN SALES		Driving License: Class: 3, 4	Date of Expiry:

General Information of the Accident			
Type of Accident:	Non-Injury Others	Date/Time of Accident: 17/06/2019 18:40	Type of Location: filter lane
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD JALAN EUNOS Airport Road, filter lane towards Jalan Eunus			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Condition: Not Congested	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved		
Vehicle No.	Type	Make
GBF6577H	Van	
SHA5637E	TAXI	

Vehicle No.	Condition	No of Passenger
GBF6577H	Slightly Damaged	1
SHA5637E	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Pedestrian Crossing: NA	



# POLICE REPORT



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Police Station Of Origin:  
Bukit Merah West N.P.C.  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20190617/2017

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Report No. T/20190617/2017

REPORT

Driver	
Name	LEA BOCK PEOW
Related Vehicle	GBF6577H (Van)
Hospital/Clinic	NIL
Date Treatment	NIL
No. of Days granted Medical Leave	NIL

ID No.	S74377311
Contact No.	98443738
Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Injury	NIL
Property	NIL

## Brief Details.

On 16/6/19 at about 6.40pm, while I was travelling along Jalan Eunos, a Blue colour Comfort Taxi had been involved in an accident. I have an in car camera, however it only captures my side of the accident. I have lodged a police report as his passenger's child was injured, due to the accident.

at Road, filter lane, turning out towards the end of my vehicle. I wish to inform that I have contacted the driver called to inform me that he has been injured and had been warded at KKH for one night.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190617/2017

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20190617/2017

REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Certificate to this report. If you don't have the certificate with you now, please fax a copy to the Police Station of Origin using the **report number** as reference.

Signature Of Officer Recording The Report:  
D /  
Sr Staff Sgt SURAIDAH BINTE SALIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Time: 09:48

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Reason Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Identification Card

